10 643435

PATENT APPLICATION FEE DETERMINATION RECOR									ID #1775-00222					
Effective January 1, 2003														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI TYPE	YIIIY	OR	OTHER SMALL			
TOTAL CLAIMS			15					RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		•			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			of minus 3 =					X42=		OR	X84=	84		
MULTIPLE DEPENDENT CLAIM P			RESENT								.000	<u> </u>		
* If the difference in column 1 is less than zero, enter *0* in column 2								+140=		OR	+280=	c 3/1		
"				•				TOTAL		OR	TOTAL	834		
		(Column 1)	MENDED - PART II (Column 2) (Column 3)				SMALL ENTITY OF				OTHER THAN SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NÚMI PREVIC PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• 15	Minus	** /	15	- /		X\$ 9=		OR	X\$18=			
	independent	• 4	Minus	A		- /	lí	X42=		OR	X84≈			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=			
40/2 /2-								TOTAL			TOTAL			
(Column 1) (Collings 2) (Column 3)								VOOIT. FEE		JON ,	ADDIT FEE			
6		CLAIMS REMAINING		HIGH	EST		1 г	·	ADDI-			ADDI-		
		AFTER AMENDMENT	PREVIO PAID		USLY EXTRA			RATE	TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT B	Total	· h	Minus	*0	Q	. `	\prod	X\$ 9=		OR	X\$18=			
	Independent	NTATION OF MI	Minus +44		CLAHA	<u> </u>	1 [X42=		OR	X84=			
The state of the s								+140=		OR	+280≔			
								TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)														
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT C	Total	•	Minus	*		•	\prod	X\$ 9=		OR	X\$18=			
	Independent			***		•]	X42=			X84=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR				
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.														
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." TOTAL ADDIT. FEE ORT. ADDIT. FEE ORT. FEE ORT. FEE ORT. ADDIT. FEE ORT. FEE ORT. ADDIT. ADDIT														
_	The "Highest Nurs	ber Previously Pal	d For (Total or	Independe	ent) is the	edinun leerigiri	er fout	nd in the app	ropriate box	in col	umn 1.			